



Accountable Care Collaborative Enhanced Primary Care Medical Provider

June 2015

The Accountable Care Collaborative (ACC) offers additional payment to Primary Care Medical Providers (PCMPs) that meet certain enhanced standards as a patient-centered medical home. This fact sheet summarizes the factors that must be met to receive this payment and provides an update on how many ACC providers have been identified as meeting these standards.

Enhanced Primary Care Medical Provider Standards and Payment

The nine factors listed below are the enhanced primary medical home factors. They are based on the medical home standards from National Committee on Quality Assurance, recommendations from the Regional Care Collaborative Organizations (RCCOs) and other stakeholders, and Colorado Senate Bill 07-130, which defined the criteria for medical homes for children.

A PCMP that meets at least five of the nine factors qualifies as an Enhanced Primary Care Medical Provider (EPCMP). EPCMPs receive a payment of \$.50 per member per month, in addition to their standard ACC payment of \$3.00 per member per month. The additional payment is distributed once, annually (August), as a lump-sum payment. Please note that PCMPs and EPCMPs also receive fee-for-service reimbursement for billable services rendered to ACC clients.

1. **Extended Hours.** Has **regularly scheduled appointments** (at least once per month) on a weekend and/or a weekday **outside of typical work day hours**.
2. **Timely Clinical Advice.** Provides **timely clinical advice** by telephone or secure electronic message both during and after office hours. Patients and families are clearly informed about these procedures.
3. **Data Use and Population Health.** Uses available data to **identify special patient populations that may require extra services and support** for medical and/or social reasons. The practice has procedures to proactively address the identified health needs.
4. **Behavioral Health Integration.** Provides **on-site access to behavioral health care** providers.
5. **Behavioral Health Screening.** Collects and regularly updates a **behavioral health screening** (including substance use) for adults and adolescents, and/or

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developmental screening for children (newborn to five years of age) using a Medicaid approved tool. In addition, the practice has documented procedures to address positive screens and has established relationships with providers to accept referred patients or utilizes the standard referral and release form created by the behavioral health organizations.

6. **Patient Registry.** Generates a list of **patients actively receiving care coordination.**
7. **Specialty Care Follow-Up.** Tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information.
8. **Consistent Medicaid Provider.** Accepts new Medicaid clients for the majority of the year.
9. **Patient-Centered Care Plans.** Collaborates with the patient, family or caregiver to **develop and update an individual care plan.**

Meeting the Standards

During the past year, the RCCOs have been working with PCMPs around the state to assess which practices meet the standard of EPCMP and which factors have been met. The RCCOs will continue to do this work over the next year as the Department is continuing this initiative.

As of May 2015, about half of all PCMPs in the ACC (about 270 practice sites) have been validated as meeting the standards for enhanced payment. These practices serve over 500,000 ACC clients. Below is the number of EPCMP sites by RCCO:

- RCCO 1 (Western Slope): **48** practices
- RCCO 2,3,5 (Denver, east Metro and northeast Colorado): **128** practices
- RCCO 4 (south-central and southeast Colorado): **39** practices
- RCCO 6 (Boulder and west Metro): **23** practices
- RCCO 7 (Elbert, El Paso, Park and Teller counties): **42** practices

PCMP practices must meet the standards for five of the nine factors in order to qualify for the additional payment. About half of the qualifying practices met the minimum number of factors while 3% met all nine. The list below shows what percentage of the qualifying PCMPs met each standard:

1. After-hours appointments: **51%**
2. Timely clinical advice by phone or electronic message: **94%**
3. Use data to identify patients that need additional support: **78%**
4. On-site behavioral health: **54%**
5. Developmental and behavioral health screening: **71%**

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6. Lists of patients who need care coordination: **56%**
7. Tracking the status of referrals: **75%**
8. Accepting new Medicaid clients: **68%**
9. Patient-centered care plan: **40%**

For more information about the enhanced primary care medical provider standards and incentive, contact:

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